PTO/SB/22 (12-04)

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Under the paperwork Reduction Act of 1999, no pursons are required to respond to a collection of information unless it displays a wall OMB control number.

| VIII. 10 PART 11 PART 17 CEP 4 416/21 | | Dockel Number (Optional) | |
|---|---|-------------------------------------|---------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.135(a) | | MS1 - 734US | |
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (FLR. 4918).) | | | |
| (Fees pursuant to the Conscious Appropria | | Filed 3/26/2001 | |
| Application Number 09/817,812 | | | |
| For Encrypted Key Cache | | Surples Sielde Con | doey D |
| Art Unit 2131 | | Examiner Fields, Courtney D. | |
| Art Unit 2131 This is a request under the provisions of 37 CFR 1.135(a) to extend the period for filing a repty in the above identified application. The requested extension and fee are 28 follows (check time period desired and enter the appropriate fee below): | | | |
| The requested extension and fee are as follows (check time period desired a | | Small Entity Fee | , |
| | <u>-ee</u> | \$60 | 120.00 |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$00 | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$22 5 | s |
| Three months (37 CFR 1.17(e)(3)) | \$1020 | \$510 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 PE | CEIVED |
| Applicant claims small entity status. See 37 CFR 1.27. | | | AL FAX CENTER |
| A check in the amount of the fee is enclosed. | | ΔP | R 2 1 2005 |
| Downsel by grafit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge an Daposit Account Number 12-0769 | y tees which may | ve enclosed a duplicate | e copy of this sheet. |
| Daposit Account Number 12-0769 WARNING: Information on this form may become publicated credit card information and authorization on f | iic. Credit card infor PTO-2038. | mation should not be incl | ided on this form. |
| l am the applicant/inventor. | | | |
| The control interest See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is encosed (communication) | | | |
| stiorney or agent of record. Reg | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 4/2 0/05 | | | |
| RV. | | | Date |
| Signature | | | 200 |
| Allan T. Sponseller | | (509) 324 | |
| Typed or printed name | | • • | hane Number |
| NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than the signature is required, as below. | | | |
| Toming forms are | submitted. | to an enterior a beneat by the mile | ic which is to file (and by the |
| Total of forms are Tris collection of information to required by 37 CFR 1.138(a). The inform USPTO to process) on application. Confidentistly is governed by 35 U. complete, britishing pathering, preparing, and submitting the completed comments on the emount of time you require to complete this form and U.S. Petroni and Tradamant Office. U.S. Department of Continence, P.O. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, | application form to the L or suggestions for reduc . Box 1480, Alexandria, P.O. Box 1480, Alexan | ing this burden, should be sent | A COLAR I MANAGEMENT (MICE) |

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